

CITY OF TUCSON

OFFICE OF THE CITY CLERK

CAMPAIGN FINANCE ADMINISTRATION REPORT **RECEIPT**



Primary Election – August 29, 2017 General Election - November 7, 2017

| NAM | FO | OF COMMITTEE FILING REPORT | |
|----------|--------|---|----------|
| For _ | | Pint Covaty Libertarian Party ame of Political Committee) | |
| for _ | | who is a candidate for the | office |
| | (Na | ame of Candidate, when applicable) | office |
| of | | Political Party_LBT | T |
| Ø | / | Political Committee Statement of Organization # | |
| | | Request for Public Matching Funds Contract#(PMF Candidates Only) | |
| CAMP | AIC | SN FINANCE REPORT: | |
| | a. | Statement Establishing Eligibility – PMF Candidates Only | |
| | b. | Quarterly City/State Campaign Finance Report (Filed on or before January 15, 2017) SUNDAY | |
| | c. | Quarterly City/State Campaign Finance Report (Filed on or before April 15, 2017) SATURDAY | |
| | d. | Quarterly City/State Campaign Finance Report (Filed on or before July 15, 2017) SATURDAY | |
| | e. | City/State Pre – Primary Report (Filed on or before August 19, 2017) SATURAY | |
| | f. | City Post – Primary Report (Filed on or before September 8, 2017) – PMF Candidates only | |
| | g. | State Post – Primary Election Report (Filed on or before October 15, 2017) | |
| | h. | City/State Pre – General Election Report (Filed on or before October 28, 2017) SATURDAY | |
| | i. | City Post – General Election Report (Filed on or before November 17, 2017) – PMF Candidates Only | |
| | j. | State Post – General Election Report (Filed on or before January 15, 2018) | |
| | k. | Termination Statement (Filed on or before March 13, 2018) – PMF Candidates Only must include Final report if not previously filed | |
| | Po | litical Committee No Activity Statement (Report date of:) | |
| | | her | |
| | | | |
| | | Sdeeral Rannes | |
| | | Signature Deputy City Clerk | |
| S:\Campa | ign Fi | inance\Forms\Receipts\2017 CFA Report Receipt Blank.doc | 12/06/16 |
| | | XO CFA 190.160 06 | |

Promo Commity Liver Barrison Party

ALCOUNT TO Y 113 07V/303R

16 图 21 P1 26

Sheval Runnie 2/21/15

☐ Initial Application ☐ Amended Application

Date: 12/20/2016



City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

89-090-CT

| COMMITTEE TYPE (choose or | e): |
|--|--|
| | 16 000 21 21 25 |
| ☐ Candidate | |
| Committee Name (required): (first or last name & office) | 0FFIGE 00 125 |
| | HARLIS YTTO |
| Candidate Information: | Candidate's Name (required): Manual Y T10 |
| 4 | Candidate's mailing address (required): |
| in the second | Gandidate's email address (required): |
| too and Thought | Candidate's phone number (required): |
| | Candidate's website (if any): |
| | |
| Office Sought (choose one): | Mayor Council Member, Ward |
| Election Cycle for Office Soug | ght (year the election will take place) (required): |
| Party Affiliation: | ☐ Democrat ☐ Libertarian ☐ Republican ☐ Other: |
| (required) | a solution and a solution and a solution. |
| | |
| | |
| ☐ Political Action Comr | nittee (PAC) |
| | |
| (if sponsored, must include | |
| sponsor's name) | |
| Political Function (optional): | ☐ Contributions ☐ Candidate-Related Independent Expenditures |
| (select any that apply) | ☐ Ballot Measure Expenditures ☐ Recall Expenditures |
| Consequent in Information | Channella name av piaknama (raguiyad): |
| Sponsorship Information: (if applicable) | Sponsor's name or nickname (required): |
| (п аррпсавте) | Sponsor's email address (required): |
| | Sponsor's phone number (if any): |
| | Sponsor's website (if any): |
| | |
| Special Status must be file | d with Secretary of State |
| (if applicable) | ☐ Standing Committee (must also complete separate standing committee registration) |
| | ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) |
| | |
| | |
| Political Party | (2) 3.327 - 22.40 F |
| Committee Name (required): | Pima County Libertarian Party |
| (must include party affiliation | |
| Jurisdiction: | ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) |
| Julisuiction. | |
| Julisdiction. | ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) |
| Junsaiction. | ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) |
| Junsaiction. | |
| Special Status must be file | ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) ☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) |

☐ Initial Application Amended Application

12/20/2016 Date:



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

(office use only)

89-090-CT

COMMITTEE ID NUMBER

CITY OF TUCSON RECEIVED

| ontact Information: | Committee's mailing address (required): | Box 11, Tucson, AZ, 85702 |
|---|--|---|
| onact mornation. | Committee's email address OF THE | pclp_chair@pimalp.org |
| | Committee's phone number (Carty) CLERK | |
| | Committee's website (if any): | www.pimalp.org |
| hairperson's Information: | Chairperson's name (required): 5cett | Stewart |
| | Chairperson's physical address (required): 840/ E | Apportage Tuesa |
| | Chairperson's mailing address (if different): | |
| | Chairperson's email address (required): | pclp_chair@pimalp.org |
| | Chairperson's phone number (required): 524 | 909 0469 |
| | Chairnerson's employer (required). | Vision Inc |
| | Chairperson's occupation (required): | LLP |
| reasurer's Information: | Treasurer's name (required): Lalla F. | Aussie. |
| | Treasurer's physical address (required): 242 | 2. Pastine Rd., 8570 |
| | Treasurer's mailing address (if different): | |
| | | treasurer@pimalp.org |
| | Treasurer's phone number (required): 480.30 | 1.4279 |
| | Treasurer's employer (required): Self-e | |
| | Treasurer's occupation (required): Accoun | |
| for a Figure 2 I be able with | Bank name (required): | Vells Fargo |
| ank or Financial Institution. | Sank name (regenera). | |
| ank or rinancial institution: lo not list acct numbers) | Additional bank name (if applicable): | |
| ank or Financial Institution: lo not list acct numbers) | Additional bank name (if applicable):Additional bank name (if applicable): | |
| declare under penalty of phairperson or treasurer of the ampairs finance and report | Additional bank name (if applicable): | I further declare that I: (1) consent to serve as above-named committee as my official candidate applicable; (3) have read the Secretary of State's notuding campaign finance laws codified at A.R.S. |